



ARIZONA DEPARTMENT OF WEIGHTS & MEASURES

4425 W. Olive Ave., Ste #134, Glendale, AZ 85302

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ARIZONA CBG/AZRBOB BATCH CERTIFICATION FORM

REPORTING PARTY

Registered Supplier/Testing Facility Name _____ Facility Number _____ Contact Name _____ Telephone Number _____ FAX Number _____

BATCH INFORMATION

Election Date _____ (Check One: Type 1 Gasoline _____ Type 2 Gasoline _____ PM Alternative Gasoline _____) (Check One: CBG _____ AZRBOB _____)

Batch Number _____ Blend Date _____ Tank ID _____ Grade _____ Batch Volume (BBLs) _____

RESULTS

PARAMETER	STANDARDS (Check Each)		LIMITS (Insert Value)		RESULT (Actual Data)	METHOD (ASTM)	COMMENTS
	Ave.	Flat	MAX	MIN			
T50					F		
T90					F		
E200					%		
E300					%		
RVP					psi		
Ethanol					Wt.%		
MTBE					Wt.%		
ETBE					Wt.%		
TAME					Wt.%		
Sulfur					ppm		
Benzene					Vol%		
Aromatics					Vol%		
Olefins					Vol%		
VOC Reduction					%		
NOX Reduction					%		

AUTHORIZATION

I hereby certify and attest that I have the authority to act on behalf of and bind _____ (Testing Facility Name), and that the information provided is true and accurate meeting all applicable standards to the best of my knowledge.

Testing Facility Authorized Signature _____ Title _____ Company _____ Date ____/____/____

I hereby certify and attest that I have the authority to act on behalf of and bind _____ (Registered Supplier Name), and that the information provided is true and accurate meeting all applicable standards to the best of my knowledge.

Registered Supplier Authorized Signature _____ Title _____ Company _____ Date ____/____/____